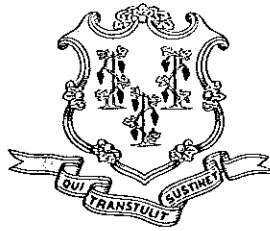


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March 4, 2010

Good afternoon Senator Crisco, Representative Fontana and members of the Insurance and Real Estate Committee. I am here to testify in support of two bills that are on the agenda today: SB 260, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR ROUTINE PATIENT CARE COSTS FOR CLINICAL TRIAL PATIENTS and SB 258, AN ACT CONCERNING APPEALS OF HEALTH INSURANCE BENEFITS DENIALS.

SB 260, AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR ROUTINE PATIENT CARE COSTS FOR CLINICAL TRIAL PATIENTS, would expand coverage of routine patient care costs for clinical trial patients to clinical trials for serious or life threatening diseases and ensure that third party payers retain their responsibility to patients. In 2001 the Connecticut General Assembly passed PA 01-171 which required insurers to sustain their responsibility to patients who participate in clinical trials for cancer. At that time I expressed my belief that this coverage requirement should not be limited to

cancer but rather should apply to clinical trials for all serious or life-threatening conditions. These courageous patients are willing to take a risk by participating in a clinical trial that is attempting to find more effective treatment for a specific disease. They enter the trial with no expectation that the new treatment will cure their disease. Usually, since most clinical trials are double blind and placebo controlled, patients do not even know if they are receiving the experimental drug or a placebo until the results of the trial are known. These patients are, in a profound sense, heroes and heroines. They are taking a risk to help others who share their particular condition. These patients deserve our encouragement and support. They do not deserve to be billed for procedures that their insurers would cover if they were not in a clinical trial.

The proposal before your committee does not ask insurance companies to cover more than they should expect to pay. It would only require that insurance companies cover standard of care treatment for patients who are enrolled in clinical trials as they would for patients who are not enrolled in clinical trials. The language in the bill states that routine patient care is care "that would otherwise be covered if such services were not rendered pursuant to a clinical trial." Insurers vary significantly in how they cover these costs. This legislation would create a more rational outcome for patients.

Under President Clinton, Medicare made this common sense change to cover routine patient care costs for clinical trial patients. I believe that the Connecticut General Assembly should make this same change.

SB 258, AN ACT CONCERNING APPEALS OF HEALTH INSURANCE BENEFITS DENIALS, would create a more level playing field for patients who are denied services from managed care organizations, health insurers, or utilization review companies ("insurers"). Currently, when one of these organizations denies coverage, the burden of proof in the appeals process is on the provider and the patient to prove that the service or drug, or device is medically necessary. One of the problems with this system is that only the insurer knows why the claim was denied. In general, the burden of proof in any case should be placed on the party who has the information. In this case that party is the insurer. SB 258 would create an assumption that medical treatments, drugs, and devices that are ordered by a licensed provider are medically necessary. It places the burden of proof in its rightful place, on the insurer that is denying coverage.

In addition, the insurers are not always forthcoming with the record in the case; access to the record would offer the patient and the provider critical information as to how the decision to deny coverage was formulated. This bill would require that the insurer provide this information to the patient and provider; the opposing party should not be left guessing as to the reasons for denial. This

legislation would allow them a chance to present the counter-argument with access to all the appropriate information; it is simply a matter of fairness.

In cases where the denial of service is in regard to a prescription drug, the bill would require that the insurer provide the patient with the drug for the course of the appeal. This protects the patient by giving him or her access to needed medication and encourages the insurer to resolve the case quickly.

Again, thank you for raising these important bills which would assist patients in our healthcare system.